GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

FILE No. FOR STATE REGISTRAR

B. O. V. S. FORM 11

1 PLACE OF DEATH

COUNTY Franklin.

MIL. DIST. NO. Bryants.

TOWN OR CITY Lavonia, Ga. No. ST. REG. DIST. No. 206. REGISTERED No.
(If death occurred in hospital or in institution, give its name instead of street and address)

2 FULL NAME Rubby Nell Burns.

RESIDENCE, CITY No. ST.

3 RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED Yrs. Mos. Dys. In U. S., if Foreign Birth? Yrs. Mos. Dys.
(If not non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female | 4 COLOR OR RACE White. | 5 SINGLE, MARRIED, WIDOWED, DIVORCED Single (Write the word)

5a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (MO.) DAY. YEAR

7 AGE Yrs. 4 Mos. 10 Dys.
IF LESS THAN 2 YEARS — State if breast fed. Yes No — IF LESS THAN 1 DAY Hrs. Mins.

8 OCCUPATION
(a) Trade, Profession or particular kind of work None
(b) General nature of Industry Business or Establishment in which employed (or employer)

BIRTHPLACE (State or County) S.C.

PARENTS

10 NAME OF FATHER Claude Burns.

11 BIRTHPLACE OF FATHER (State or County) S.C.

12 MAIDEN NAME OF MOTHER Mamie Harper.

13 BIRTHPLACE OF MOTHER (State or County) Ala.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mamie Burns.
(Address) Lavonia, Ga.

15 FILED 10/10 [illegible] L. R.

MEDICAL PARTICULARS

16 DATE OF DEATH Sept. 16. 1927 192

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 192 TO 192

AND I LAST SAW H ALIVE ON 192

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE AT 4.30 M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
No Doctor.
Bold Hives is given as cause.

(DURATION) YRS. MOS. DYS.

CONTRIBUTORY (Secondary)

(DURATION) YRS. MOS. DYS.

WHERE DISEASE WAS CONTRACTED, IF NOT AT PLACE OF DEATH

DID OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED

DIAGNOSIS?

(SIGNED) F. M. Weldon. L.R. M. D.

192 (ADDRESS) Lavonia, Ga.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vernon, Ga. DATE Sept. 17/27 192

20 UNDERTAKER Weldon & Thomas. ADDRESS Lavonia, Ga.

(Left margin:) N. B. — THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. (1) Means and Nature of Injury, (2) Whether Accidental, Suicidal, or Homicidal. (See Reverse Side for Additional Space.)

(Right margin:) MEDICAL PARTICULARS MUST BE SIGNED BY PHYSICIAN, CORONER OR REGISTRAR